



New York County Criminal Defense Office
49 Thomas Street
New York, NY, 10013
www.legal-aid.org
Direct Dial: (212) 298-3033
Direct Fax: <None>
E-mail: MGibbons@legal-aid.org

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Blaine (Fin) V. Fogg
President

Seymour W. James, Jr.
Attorney-in-Chief

Justine M. Luongo
Attorney-in-Charge
Criminal Practice

Daniel William Newell B&C 3491803878

Write the full name of each plaintiff.

-against-

Apple Inc. 1981 Broadway, NY
Police Officer Zackary Bloomfield wint #
City of New York, NY

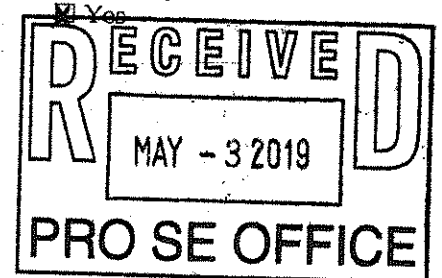
19 CV 4018
No.

(To be filled out by Clerk's Office)

COMPLAINT
(Prisoner)
8464

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

Do you want a jury trial?



NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.



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I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☐ Other: _____

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

Daniel William Newell

First Name	Middle Initial	Last Name
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State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

B&C 3491803878

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

Anna M. Kross Center (AMKC")

Current Place of Detention

18-18 Hazen Street

Institutional Address

East Elmhurst

NY

11370

County, City

State

Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

☒ Pretrial detainee



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V. DEFENDANT INFORMATION

o the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

Apple Inc.

NA

First Name

Last Name

Shield #

1981 BROADWAY

WEST 68 STREET

MANHATTEN

Current Work Address

New York

NY

10023

County, City

State

Zip Code

Defendant 2:

Police Officer

Zackary

Bloomfieldwint #8464

First Name

Last Name

Shield #

20th Precinct

Current Work Address

New York

NY

County, City

State

Zip Code

Defendant 3:

City of New York

NA

First Name

Last Name

Shield #

(City Hall)

Current Job Title (or other identifying information)

Current Work Address

MANHATTEN NEW YORK NY

10007

County, City

State

Zip Code

Defendant 4:

First Name

Last Name

Shield #

Current Job Title (or other identifying information)

Current Work Address

County, City

State

Zip Code



**THE
LEGAL
AID
SOCIETY**

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V. STATEMENT OF CLAIM

Place(s) of occurrence: Apple INC. 1981 BROADWAY WEST 68th St.

Date(s) of occurrence: MAY 14th 2018 4:00 pm

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

I WAS FALSELY ACCUSED & FALSELY ARRESTED
OF A FIRE in a Bathroom & Damages to the
Bathroom. Apple INC. Employees alleged me of
the wrongful Actions. I do not know what
happened I did not do Any Act to
Cause Fire or Damage @ 1981 BROADWAY.
I was USING The Restroom to Urinate @ A
Urinal.



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INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

I may have been hit on the head, I don't know.
I was Denied Medical Attention.

- Mental Anguish, Confusion, isolation - Pain & Suffering
The Loss of my Ability to Earn a living. More than
one year.

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

Compensatory Damages for Pain & Suffering
Reimbursement for Lost Pay / Income
more than
one year
\$364,537.05



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VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

April 30th 2019
 Dated

Daniel William Newell
 Plaintiff's Signature

Daniel William Newell

First Name

Middle Initial

Last Name

18-18 Hazen Street

Prison Address

East Elmhurst,

NY

11370

County, City

State

Zip Code

Date on which I am delivering this complaint to prison authorities for mailing:

April 30th 2019

CLERK

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK
THE DANIEL PATRICK MOYNIHAN
U.S. COURTHOUSE - 500 PEARL STREET
NEW YORK, NY 10007-1312

OFFICIAL BUSINESS

USMP3
SDNY

QTL

Mr. Daniel William Newell

Plaintiff Pro Se

3491803878

Anna M. Kross Center
18.18 Hazen Street
East Elmhurst, NY 11370